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AmeriCorps CARE CAREGIVER RATES DISCLOSURE DO NOT USE CORRECTION FLUID

Please complete *all sections* below. Mark "NA" in sections that do *not* apply to you. Caregiver's Name (If licensed/registered, must indicate name as it appears on license/registration): Tax I.D. or Soc. Sec. #: License Number: Expiration Date: Copy of Lic/Reg. Attached? ☐ Yes □No Ages Served: Days of Operation: Hours of Operation: **CAREGIVER RATES** The rates listed below are the true and correct rates that I charge *all* parents for the care of their child(ren). I understand that AmeriCorps CARE cannot pay me more than I charge private pay clients. I also understand that AmeriCorps CARE cannot pay me more than the maximum rate(s) as established by the Child Care & Development Fund for my state. The rate specified is the charge for normal provision of childcare services. I understand that I must notify AmeriCorps CARE at least 15 (fifteen) days prior to any rate change in order for the new rate to be honored. I understand that AmeriCorps CARE cannot pay fees or charges for registration, transportation, meals, late pick-up, early withdrawal, or any other miscellaneous fees or charges. I also understand that in any of the above cases, the parent is responsible for such fees and/or charges. I understand that program or policy violations will result in having to repay money to AmeriCorps CARE and/or suspension from future participation in the AmeriCorps CARE childcare subsidy program. Please List the rates that you charge for: AGE GROUP FULL TIME PART TIME *24 HOUR/ *"SPECIAL WEEKLY WEEKLY **OVERNIGHT** NEEDS" (DAILY) WEEKLY UNDER 2 ½ 2 ½ - SCHOOL AGE SCHOOL AGE - 12 *Not reimbursable in all states. I hereby certify the above information is true and correct. Caregiver: (Signature - If licensed or registered, this must be signed by Owner or Authorized Agent of Owner) Date: